

MINUTES

**Rate Setting Work Group Meeting #2
September 16, 2010 9:00-12:00
Barry Hall Room 226**

Attendees:

Agencies/Organizations:

Michael	Andrade	ProAbility	x
Frank	DiMaio	Fogerty Center	x
Frank	DiRaimo	Perspectives	x
Cathie	Gilligan	Arc of Blackstone Valley	x
Bob	Houghton	Corliss	x
Regina	Krakowsky	Spurwink RI	x
Joni	Martell	Trudeau	x
Donna	Martin	CPNRI	x
Bob	Mastrofino	Olean Center	x
Sheila	McDonnell	Bridges	x
Kevin	McHale	Cranston Arc	x
Carrie	Miranda	Looking Upwards	x
Helen	Morcos	Cove Center	x
Ted	Polak	Fogerty Center	x
Karl	Provost	UCPRI	x
Vicky	Sailer		x
Kathy	Valade		x
Linda	Ward	Opportunities Unlimited	x
Maureen	Williams	Adeline LaPlante	x

State Staff:

David	McMahon	BHDDH	x
Amy	Vincenzi	BHDDH	x
Maureen	Wu	BHDDH	x

Consultants:

John	Agosta	HSRI	x
Peter	Burns	Burns & Associates	x
Peter	Engquist	Burns & Associates	x
Jon	Fortune	HSRI	x
Mark	Podrazik	Burns & Associates	x

Topics Covered:

- | | |
|---|-------------|
| 1. Introductions and Approach to Session | Maureen Wu |
| 2. Review of some of the In Home Supports Rate Models | Peter Burns |
| 3. Review of part of the sample provider survey | Peter Burns |

Comments/Feedback:

1. Related to the overall approach
 - a. The Work Group can't set rates until we know that the Defining Services group will be defining. Hard to think of this theoretically without specifics.
 - b. Are we really going to a fee-for-service model? This seems like a move backward, not forward. We can provide encounter data.
 - c. We don't engage in these services in isolation.
 - d. We don't want to support a clinical model which is what this looks like.
 - e. It will be a billing nightmare the way it is being proposed to go to.
 - f. Why doesn't the Department just collect encounter data?
 - g. This approach is pushing us into stricter budgets and we are trying to be flexible for individuals now.
 - h. Want to state that we are universally against the 15 minute unit increment. (The State has removed 15 minute units from consideration).
2. Related to in-home support services in general
 - a. Struggling with how to define in-home supports; some services are blended and some are distinct.
 - b. Recognition needs to be given to the fact that RI's Nurse Practice Act provides some flexibility in what medical services may be provided by lay persons.
 - c. Why don't we include in-home supports in with independent living in the same rate model?
 - d. We need to account for on-call requirements 24/7.
 - e. We need to account for crisis intervention.
 - f. We need to be able to provide services to caregivers under different waivers.
3. Related to elements of the rate models for in-home support services
 - a. Need to recognize and account for behavioral health consultation and behavioral health training in the model.
 - b. Be mindful that for some individuals that receive services from RNs in home that they also serve a case management function.
 - c. Don't include administrative and program support together in the same category.
 - d. We need to define full time for staff and also how benefits are stratified.
 - e. We need to account for union benefits as part of the ERE.
 - f. Some agencies are under a rate model for unemployment and some a dollar amount. Some are self-insured.
4. Other
 - a. We need to think about what services we want defined for today and 20 years from now.
 - b. We need to be careful of what we call each service and how we define them.
 - c. Whatever is done, we need to ensure individual choice among agencies and something that is easily explainable to families.

DRAFT for Discussion

- d. Our work group needs to be kept informed of what is going on in the other work groups since so much of it is cross-cutting.
- e. It is not fair to compare us to other states when we don't know who is/is not excluding the institutionalized in their totals.
- f. We need to distinguish care management and coordination from the managed care function
- g. Public and private providers should be treated comparably.

Action Items:

- 1. Provide the Rates Work Group with the minutes from other Work Group meetings.
- 2. Research and report on federal rules re billing for private entities vs. public entities.
- 3. Work Group participants to review the remaining models not discussed in Meeting #2 for discussion in Meeting #3.

Index Card Questions/Comments/Suggestions:

- 1. Staff Time Calculation needs to include: Doctor consulting, staff meeting, outside training, in home recertifications, daily update, shift updates, core team meetings, supervision meetings, hospital orientation, in program (?? couldn't read), clinical service provided by non-licensed personnel.
- 2. Agency structures include program mgr/service coordinator responsible for managing, supervising and coordinating services for group home and community waiver. Also may include day/voc services.
- 3. Will costs to maintain accreditation be included in the survey?
- 4. I think Maureen said there will be one funding level that comes from SIS - does that mean no more separate day level and in-home and/or residential level?